

NASSAU COUNTY

DEPARTMENT OF HEALTH



2004
ANNUAL REPORT

Thomas R. Suozzi
Nassau County Executive

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Commissioner of Health

NASSAU COUNTY **DEPARTMENT OF HEALTH**

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Our Vision

The Nassau County Department of Health will lead a public health system that works to create healthy communities.

Our Mission

The Nassau County Department of Health promotes and protects the health of the residents of Nassau County. The mission is accomplished through direct services and community partnerships in the following areas:

- Prevention of environmental health hazards through assessment, regulation and remediation.
- Investigation and control of communicable diseases, including agents of bioterrorism.
- Promotion of healthy behaviors through education, outreach and training.
- Promotion of equal access to culturally and linguistically appropriate health care and allied services.
- Development and dissemination of local health data.
- Creation of innovative solutions to public health problems

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2004 Nassau County Board of Health



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David M. Ackman, M.D., M.P.H.
Commissioner and Secretary to the Board

Nassau County Board of Health

Role and Responsibilities

The Nassau County Charter created the Nassau County Board of Health and the Nassau County Department of Health in 1938.

The Board of Health, which meets monthly, consists of five members, two of whom must be physicians. The County Executive recommends them to the Nassau County Legislature for five-year terms to enforce the public health law as well as New York State and local sanitary codes. The Board may:

- Prescribe the duties and direct the Commissioner of the Department of Health.
- Make and publish orders and regulations for the preservation of life and health.
- Make orders and regulations for the supervision of nuisances and other matters detrimental to the public health in special or individual cases.
- Restrain, by injunction, violators of its orders and regulations.
- Issue subpoenas, compel the attendance of witnesses, and administer oaths and compel testimony.
- Issue warrants to peace officers to enforce the law.
- Prescribe and impose penalties for violations of, or failure to comply with, its orders or regulations or any of the regulations of the state sanitary code.

Inquiries to the Nassau County Board of Health can be addressed to:

**Ms. Norma J. Henriksen, Acting Chair
Nassau County Board of Health
C/o Nassau County Department of Health
240 Old Country Road, Mineola, New York 11501**

Message from the Commissioner 2004

Public health occupies a very small corner of the medical world. Less than three percent of health dollars are spent on prevention and population-based health programs. The public and media focus on medical breakthroughs, not statistics on vaccination coverage. Still, there are occasions when public health, and public health agencies, are thrust into the limelight. It is at such times that the value of public health is truly demonstrated.

In October 2004, the FDA suddenly announced that Chiron had lost its license to sell influenza vaccine in the United States, cutting the expected vaccine supply by half at the start of the annual vaccination season. The other major manufacturer, Sanofi Pasteur, had already shipped almost half of its 50 million doses. This shortfall and uneven distribution of existing vaccine created an immediate crisis in public demand and a potential crisis should the influenza season hit especially hard.

The CDC immediately requested that Sanofi Pasteur stop all further shipments while it determined who should be vaccinated first, and where the remaining vaccine was most needed. Health departments throughout the country surveyed doctors and hospitals, determined where the need was, and assured the public that a suddenly scarce resource would be quickly and fairly distributed.

In Nassau, we realized that almost none of the more than 5,700 residents in Nassau's 34 nursing homes had been vaccinated, and very few primary care physicians had more than a handful of doses. Over 20,000 seniors were signed up for the county's senior citizen flu program and expected these promised vaccinations. Doctors, patients, public officials and news media inundated the department with calls, seeking information, assurance, and a location for vaccinations.

Over the next three months the Department served as the sole distributor of flu vaccine for the county, distributing over 60,000 doses of vaccine to doctors and facilities and conducting one of the largest flu vaccine clinics in the state's history. Every vial we received was in the hands of providers (and in the arms of patients) within days of its arrival in Mineola. We handled almost 30,000 phone calls, emails and other correspondence. We kept the media, the public and local government informed. Most importantly, the entire process was fair and transparent. Despite the overwhelming demand for shots, the community accepted our method and rationale for prioritizing, distributing, and accounting for a precious commodity.

The crisis faded by the end of January, 2005. As seniors were vaccinated, demand slackened, and the flu season was mild, but it could have been much worse. There could have been accusations of bias and favoritism. We had never before had to act as a medication distributor, and there were many chances to fail. That we did not speaks to the quality of our staff, their resourcefulness, and their dedication to our mission: to protect and promote the health of all county residents.

David M. Ackman, M.D. M.P.H.
Commissioner of Health

HIGHLIGHTS FOR 2004

Emergency Preparedness- Mobilizing the Strategic National Stockpile

In conjunction with federal and local partners, New York State's Strategic National Stockpile Exercise was conducted on Long Island. In the event of an emergency, material would be made available for local distributions. This exercise confirmed our ability to "break down" vast amounts of federally-supplied equipment and supplies for redistribution and transport.

Influenza Vaccine Shortage and Clinics

In early October, one of the two major suppliers of influenza vaccine lost its license, creating sudden and substantial shortages in vaccine. In New York State, county health departments became the primary distributor of vaccine, and the CDC directed physicians to vaccinate high priority persons first. The Health Department, in conjunction with other agencies, provided a vaccination clinic at the Nassau Community College Field House in mid November. Using hundreds of staff and volunteers, 7,624 seniors were successfully vaccinated at the largest two-day clinic ever conducted in New York State. An additional 3,960 seniors received their vaccinations at special clinics; the remaining 40,970 doses were then distributed directly to physicians for their high priority, at-risk patients.

First Annual Forum on Minority Health and Wellness

In December, Dr. David Satcher, the former US Surgeon General, addressed 300 people concerning the problems of health care disparities. During 2004, the Minority Health Task Force developed recommendations and created action groups for School-based Obesity, Cultural Competency, Community Outreach and Health Access.

Raccoon Rabies

In response to the first case of raccoon rabies on Long Island, a plan was developed to identify and contain terrestrial rabies. Measures included trapping, distributing bait containing vaccine and testing the results. There was also public notification via media, the website and outreach to targeted agencies. Further measures included gaining permission to use private property for trapping and surveillance; setting up and manning a telephone helpline to answer residents' concerns and coordinating with the Police Department for the collection of suspect animals. Free rabies clinics were also initiated.

Record Levels for Immunization Coverage

In a review of the immunization levels of the 2-year-old population, 88% were fully immunized against diphtheria, tetanus and pertussis (whooping cough) with four doses of vaccine, while 99% had received three doses; 92% were fully immunized against polio; 89% against measles, mumps and rubella with one dose recommended by this age; 98% were immunized against haemophilus influenza (meningitis) with three doses of vaccine; 95% against hepatitis B; 93% against varicella (chickenpox) with one dose of vaccine.

Mission: Protecting the Environment

One of our foremost missions is to provide a safe and healthy environment for our citizens and to prevent environmental health hazards. The Health Department's activities range from monitoring the quality of drinking water to protecting Long Island's sole source aquifer from toxic spills and subsurface contamination discharges. In 2004, the department was presented with new challenges when it responded to the first incursion of rabies in the raccoon population in Nassau County in its history.

Chlorine Gas Leak

On the morning of July 16, 2004, an accidental release of chlorine gas at the Village of Hempstead's Laurel Avenue Iron Removal Plant created a public health hazard. The village's emergency services immediately responded, stopped the source of the leak and ventilated the gas to the outside. Fortunately, the gas leak did not injure any of the responders or nearby residents. The Health Department conducted a comprehensive investigation of the incident, reviewed the village's emergency response procedures and assessed the risk to the surrounding community. Acting on the department's recommendations, the village agreed to discontinue the use of the gas chlorine by the spring of 2005 and, instead, use liquid sodium hypochlorite, which is far safer, for drinking water disinfection.

Public Water System Security Program

During 2004, the department recommended that the New York State Department of Health (NYSDOH) approve 39 revised public water system "Vulnerability Assessments" (VA) and "Emergency Response Plans" (ERPs) required under state law to guard against and respond to potential terrorist attacks. Every public water system VA and ERP received Final Approval from the NYSDOH. The department will now monitor every public water system VA "Prioritized Plan of Action" to ensure that water system security enhancements are completed as scheduled.

Clean Indoor Air Act

The department conducts Clean Indoor Air Act (CIAA) inspections (both complaint driven and unannounced) of public establishments and places of employment. Since the inception of the CIAA in July, 2003, the department has inspected 6,500 facilities and issued over 250 citations for violations. More than 40 facilities have been subject to formal enforcement proceedings before an administrative hearing officer. The department received only one CIAA smoking waiver request, which was subsequently denied, based on a failure to demonstrate financial hardship.

Protecting the Environment – By the Numbers

- Inspected 5,292 food service establishments
- Collected over 5,300 samples of drinking water for comprehensive testing
- Processed the removal of 338 hazardous material storage tanks
- Processed the abandonment of 2,284 fuel tanks by homeowners
- Commenced 435 enforcement actions
- Assessed \$381,925 in penalties for violations of the N.Y. State Sanitary Code
- Set 1,063 mosquito traps at 42 locations across the county
- Gathered 696 pools of mosquitoes for testing; 15 tested positive for WNV
- Speciated over 31,000 individual mosquitoes; identified 23 different species
- Analyzed 771 dead bird reports
- Collected 58 birds for West Nile virus testing; 12 tested positive for WNV
- Collected 1,543 bathing water samples for bacteriological analysis
- Issued 256 violation notices of the Clean Indoor Air Act for exposure to second-hand smoke

Mission: Controlling Infectious Disease

Controlling infectious disease is the most visible and dynamic responsibility for public health agencies. In 2004, new challenges arose with the first incursion of rabies in the Nassau County raccoon population, while West Nile virus surveillance continued into its fifth year.

West Nile Virus Surveillance and Control

After the West Nile virus (WNV) was first detected in September 1999, the Nassau County Departments of Health and Public Works enhanced the County's existing Mosquito Control Program and conducted surveillance for possible human cases of the disease. Surveillance included trapping mosquitoes across the county, identifying breeding areas suitable for larvicide applications, collecting and submitting mosquitoes and dead birds for virus testing, and responding to citizen complaints and inquiries. In 2004, over 1,000 traps were set and almost 700 pools of mosquitoes were collected. Over 700 dead bird reports were analyzed, 58 birds were collected for testing and 12 were found positive for WNV. The department also began surveillance for possible human cases through daily contacts at all Nassau County hospitals. In 2004, the department investigated 38 reports of individuals suspected of having West Nile virus disease. None were confirmed with the disease.

Enhanced Partner Notification for HIV/AIDS

In 2004, the Health Department began HIV counseling and testing with OraQuick Advance Rapid HIV Antibody test, the latest technology in HIV testing. This test detects antibodies to HIV, the virus that causes AIDS, in oral fluid and blood and gives results in 20 minutes.

Controlling Infectious Diseases – By the Numbers

- Received 22,107 laboratory reports of 68 communicable diseases
- Arranged for clinical testing of 38 suspect human cases of West Nile virus
- Confirmed no (0) human cases of West Nile virus infection
- Investigated 597 suspected tuberculosis cases
- Provided 9,404 observations for all 57 confirmed cases of TB as part of the Directly Observed Therapy Program
- Certified 1,092 participants in the Food Manager's Training Course and re-certified 491 in safe food handling practices
- Partnered with the Nassau County Department of Senior Citizen Affairs and the Nassau University Medical Center to immunize 11,584 senior citizens with influenza vaccine during a weekend long large scale influenza immunization clinic and at special immunization clinics at the six community health centers during a one-week period
- Distributed 61,210 doses of influenza vaccine directly to physicians for their high priority at-risk patients
- Investigated 110 outbreaks of foodborne illness

Mission: Promoting Healthy Lifestyles

Promoting healthy lifestyles requires a broad approach that addresses problems from pregnancy through old age, and recognizes the role of race, culture and other factors in establishing healthy behaviors.

Tobacco Control

The department's "Quitting for Your Family," program trains medical providers to help pregnant women quit smoking during pregnancy. Smoking during pregnancy is the most important risk factor for low birth weight and other birth defects. Infants and young children living in homes where parents smoke are more likely to suffer from asthma and respiratory infections. The department also offers free smoking cessation courses through its B.E.A.T. (Be Empowered Against Tobacco) program and is also an active participant in the Tobacco Action Coalition of Long Island (TACLI), which sponsors counter-marketing and youth empowerment programs.

Asthma Control

The department initiated a new program to reduce the frequency and severity of asthma attacks in eligible, low-income children with asthma through home visits. These visits helped educate the families about asthma “triggers” in the home and provided the families with supplies and equipment to help protect the children from being exposed to these allergens. The supplies and equipment, such as mattress covers and filters, were distributed through the Nassau-Suffolk Asthma Coalition.

Senior Citizen Vaccination Program

Each year, the Health Department, together with the Department of Senior Citizen Affairs and Nassau University Medical Center, offers vaccinations against influenza and pneumonia at local sites for senior citizens. Due to the unexpected decrease in the influenza vaccine supply, the 78 senior immunization clinics scheduled across the county were cancelled. The special outreach efforts to increase vaccination rates among African-Americans and Latinos were also cancelled. When a limited supply of influenza vaccine became available, a single, large-scale weekend-long clinic was held at a central location and, subsequently, special clinics were offered over a one-week period at the six NUMC’s Community Health Centers.

Promoting Healthy Lifestyles – By the Numbers

- Immunized 11,584 residents with flu vaccine
- Distributed 61,210 doses of influenza vaccine to individual physicians
- Provided nutrition education and food supplements each month to over 12,000 women, infants and children in the WIC Program
- Provided case management services to 165 at-risk pregnant women in the Village of Hempstead through the Community Health Worker Program
- Provided information and referral services to 200 at-risk pregnant women through the Perinatal Services Network

Mission: Ensuring Access to Health Care

Although the Health Department has not offered direct clinical services since 1999, the department has developed partnerships with providers and community organizations to help all residents receive adequate health care.

Minority Health Task Force

The Minority Health Task Force (MHTF), created by the County Executive in 2003, addresses the health needs of minority populations. It is charged with finding ways to make the county's health care system more equitable and accessible. In 2004, the Task Force continued its outreach to community-based organizations and created four specific action groups:

School-based Obesity Action Group: Through direct school-based grass roots efforts, promoted increased physical activity and improved access to nutritious meals in schools in the Roosevelt, Farmingdale and Freeport districts.

Cultural Competency Action Group: Working with the Long Island Minority AIDS Coalition, provided ongoing cultural competency training to the Department of Drug and Alcohol.

Community Outreach Action Group: Developed a Community Health Events Calendar on the Health Department website which is designed to increase community awareness to existing health fairs, seminars and other health promotion activities.

Health Access Action Group: In collaboration with the Middle County Library, enhanced the ambulatory healthcare registry portion of the Community Resource Database. Data was developed through the creation and distribution of an ambulatory health clinic survey completed with the assistance of the Health Department and the Nassau-Suffolk Hospital Council.

The Minority Health Task Force, in collaboration with the Brooklyn-Queens-Long Island Area Health Education Center, initiated a Long Island summer internship program for underserved students interested in careers in the health field; held a Healthcare Disparities & Cross Cultural Care Forum with Dr. Joseph Betancourt of the Harvard School of Public Health and the Institutes of Medicine, as keynote speaker; and held the First Annual MHTF Conference with Dr. David Satcher, Former US Surgeon General as keynote speaker.

Early Intervention Program (EI)

During 2004, 6,474 children received Early Intervention services. These services include: evaluation, speech/language therapy, physical therapy, occupational therapy, special education, family counseling, transportation and service coordination. The EI Program is responsible for authorizing, coordinating, evaluating and paying for specialized services to children under three years of age with developmental delays, as well as providing services to their families. These services are managed through an Individual Family Service Plan (IFSP) with contracted agencies who act as evaluators and service providers.



Service Coordination Staff from the Early Intervention Program visit with children at United Cerebral Palsy Center in Roosevelt.

Insuring Access to Healthcare – By the Numbers

- Served 6,576 infants, toddlers and their families in the Early Intervention Program
- Provided medical, surgical, rehabilitative, orthodontic and/or other related services to 1,000 children in the Physically Handicapped Children's Program
- Inspected over 200 X-ray facilities and 57 mammography units
- Provided \$5 million to Nassau University Medical Center to support essential public health services such as treatment of tuberculosis and sexually transmitted diseases.

Mission: Development and Dissemination of Data

The year 2004 saw an increase in the development and dissemination of data to county residents through the Nassau County Department of Health website (www.nassaucountyny.gov/health). An enhanced home page now makes it easier to find information that is seasonal or of current public health importance.

Nassau County Geographic Information Systems

At the annual New York State Geographic Information System (GIS) conference, the department presented its use of GIS technology in response to the first incident of terrestrial rabies in the county. GIS mapping was utilized to plot positive specimens, canvass target areas as potential trap sites, and identify the area for baiting, trapping, vaccinating and sampling of raccoon specimens to prevent the virus from spreading. The department's presentation was one of the few exhibits that illustrated the use of GIS in public health.

Development and Dissemination of Data – By the Numbers

- Responded to tens of thousands of inquiries via I&R automated phone system
- Responded to more than 30,000 person-to-person inquiries
- Disseminated over 70 press releases to electronic and print media
- Distributed more than 36,000 pamphlets to 46 organizations and health fairs.

Mission: Innovative Solutions to Public Health Problems

The department aims to be a national leader for local public health agencies by creating model programs, competing for awards, and exploring new and creative ways to carry out our mission.

Distribution of Influenza Vaccine

When the flu vaccine shortage became critical in 2004, the Health Department addressed this public health emergency and, using the Incident Command System, honed by our years of bioterrorism preparedness drills, created the largest influenza vaccine clinic ever held in New York State, if not in the United States.

In October 2004, the influenza vaccine supply available to the United States was decreased by almost half, due to a problem in the manufacturing process. In response, the Centers for Disease Control and Prevention (CDC) issued interim recommendations for influenza vaccination for certain high priority groups and established a distribution system for the remaining doses of vaccine through public health departments across the county. Because the vaccine supply available to the county was insufficient to meet its needs, the department, with input from an advisory committee and survey of health care providers, developed guidelines for the distribution of the limited available vaccine.

Since hospitals and nursing homes would receive vaccine directly from the New York State Department of Health, the advisory committee recommended that the first shipment of 9,500 doses received by the department should be allocated to seniors aged 65 and older. In November, the initial flu vaccine clinic was held in a massive two-day clinic at Nassau Community College where a total of 7,624 seniors were immunized. In mid-December, an additional 3,960 seniors, pregnant women and adults with medical conditions were immunized at Nassau University Medical Center's six community health centers. When additional vaccine became available, it was distributed directly to primary care providers. During the remainder of 2004, 40,970 doses of vaccine were distributed to physicians. By February 2005, the end of the 2004-2005 influenza vaccine distribution period, a total of 61,210 doses of influenza vaccine had been distributed to 797 physicians.

Bioterrorism (BT) and Emergency Preparedness

The Bioterrorism (BT) Preparedness Program is a unique, multidivisional effort to coordinate, plan and implement public health responses to, biological, chemical and radiological emergencies. This program manages resources for development and implementation of a Bioterrorism Response Plan in collaboration with the New York State Department of Health and the Nassau County Office of Emergency Management (OEM).

In conjunction with the Nassau County OEM, the Health Department conducts drills and trains key agencies on participation in Points of Distribution (POD's) exercises.

The Health Department's Medical Reserve Corps (MRC) is a group of licensed health professionals who volunteer to serve the community through the department during large-scale emergencies such as an influenza epidemic, chemical spill or an act of terrorism. In 2004, the MRC was activated to assist with the large-scale flu vaccination clinic for seniors in November.

The Environmental Laboratory was certified in a new testing category, "Critical Agents of Bioterrorism". *Bacillus anthracis* (Anthrax) is the only agent specifically identified in this category, but it can be expanded to include other agents. Presently, this certification allows the testing of surface swabs for the presence of Anthrax spores. The laboratory has also formed a "Biosafety Review Committee" which evaluates and reports quarterly on the activities of the laboratory regarding agents of bioterrorism as well as the supportive programs it maintains for other county agencies.

DIVISIONS

OFFICE OF THE COMMISSIONER

Voice: (516) 571-2260

Fax: (516) 571-3369

Fiscal

In 2004, the Health Department's general fund budget was \$70.9 million of which \$67.4 million was expended. Fringe benefits, which are now budgeted centrally for the county, were \$7.3 million, resulting in total general fund expenditures of \$74.7 million. The general fund received \$3.8 million in revenue from permits and fines, \$7.6 million from department revenues, and \$24.7 million in state aid reimbursement.

The department also received \$7.8 million in grant funds in addition to the \$5.8 million Ryan White grant monies managed for both Nassau and Suffolk Counties.

Human Resources

Voice: (516) 571-4250

Fax: (516) 571-1307

In 2004, the department experienced minor reductions in staffing due to inter-agency transfers and level grant funding. General Fund personnel included 237 full-time and 18 part-time employees. Grant funding supported 98 full-time and 10 part-time staff. At year-end, there were a total of 363 employees, a net decrease of five employees since the beginning of 2004. During the year, 38 supervisory employees attended a workshop, "Harassment and Discrimination in the Workplace." Ten new supervisors attended a training session on how to complete employee performance appraisals. Eighteen employees attended a special seven-week class in "Workplace Spanish" which was conducted at Nassau Community College.

Public Information

Voice: (516) 571-3417

Fax: (516) 571-1301

Media continues to be a viable and important resource to disseminate important health information to the general public. 2004 stories that made the news included the flu vaccine shortage, the initial appearance of raccoon rabies in Nassau County, beach water quality testing procedures, beach closings/openings, and West Nile virus appearing for the fifth season. All press releases are available to the public through the Health Department website which was enhanced and updated throughout the year.

ENVIRONMENTAL HEALTH

Voice: (516) 571-3691

Fax: (516) 571-1475

The Division of Environmental Health is divided into three bureaus: Environmental Protection, Environmental Investigation and Environmental Sanitation. The division protects the community from adverse effects resulting from environmental pollution, unsanitary conditions or unsafe practices. It monitors and promotes safe drinking water, food, indoor and ambient air quality. It investigates complaints, conducts tobacco compliance checks, responds to emergency spills and incidents, controls and regulates the storage, handling and disposal of hazardous material and toxic chemicals and monitors the abatement of household lead hazards. It inspects radiological health diagnostic equipment, food service establishments, and provides education to food handlers as well as investigates food-borne outbreaks and the siting of new or modified daycare facilities. It oversees the public health aspects of hotels, motels and recreational facilities including children's camps, pools and bathing beaches, certifies lifeguards and tattoo artists, conducts mosquito control surveillance and coordinates the Nassau County Pesticide Policy.

- Monitored the removal of 238 homeowner and small tanks and the abandonment of 2,284 homeowner tanks.
- Monitored the removal of 100 commercial tanks and the abandonment of 13 commercial tanks.
- Reviewed 160 tank leakage test reports.
- Analyzed 771 dead bird reports and collected 58 birds for WNV testing; 12 were confirmed positive for WNV. Set 1,063 mosquito traps; gathered 696 pools of mosquitoes; 15 tested positive for WNV.
- Tested 1,788 and certified 1,583 lifeguards and certified 39 tattoo artists.
- Conducted 10 investigations of sites for new or modified daycare facilities to insure sanitary conditions and a healthy environment and approved six.
- Trained or recertified 1,483 food service workers to help prevent food borne disease outbreaks in restaurants, delicatessens and other food service establishments.



A sampling of the foods served at the annual Long Island Caribbean Carnival, one of many local food festivals inspected by the Office of Food Protection.

- Inspected 5,292 food establishments, including checks for compliance of the NYS Clean Indoor Air Act
- Conducted 320 toxic and hazardous material storage facility inspections.
- Inspected over 200 X-ray facilities and 57 mammography units.
- Responded to 877 reports of animal bites and arranged for 62 animal heads to be submitted for rabies virus testing. An additional 56 animals were tested in during the surveillance for terrestrial rabies.
- Responded to over 15,125 inquiries and complaints including: asbestos, animal bites, bathing beaches, food-borne outbreaks in food service establishments, second-hand smoke, mosquitoes, rodents, water and air pollution, drinking water quality, etc.
- Approved engineering construction plans for 76 water supply facilities, 50 toxic and hazardous material storage tanks and areas, 10 realty subdivisions, seven commercial sanitary disposal systems, and 382 water service line backflow prevention devices.
- Monitored the quality of source and distribution system drinking water and collected over 4,800 samples for comprehensive testing.
- Commenced 435 enforcement actions and assessed \$381,925 in penalties for violations of the New York State Sanitary Code and the Nassau County Public Health Ordinance.
- Continued the Adolescent Tobacco Use Prevention Act (ATUPA) compliance checks to deter the sale of tobacco to those under 18 years of age. A total of 2,490 "stings" were conducted resulting in a compliance rate of 87% by tobacco vendors.
- Inspected 272 swimming pools, 136 children's summer camps, 62 bathing beaches and 62 hotels and motels to insure sanitary and safe conditions.
- In a cooperative program with the Suffolk County Department of Health Services and the NYS Department of Environmental Conservation monitored 69 public supply wells, six golf course irrigation wells, and three observation wells in order to identify and define any potential impact on groundwater quality from agricultural, residential and commercial land uses.
- Assisted the Office of the District Attorney at four criminal investigation sites by supervising the collection of wastewater, soil or groundwater samples.



Sanitarian Lauren Byrne inspects logs next to a home for evidence of rat activity.

- Promoted Integrated Pest Management procedures and the Nassau County Pesticide Policy that advocates the minimal use of pesticides and the avoidance of their misuse.
- Inspected 70 sewer connection sites and collected samples at five proposed realty subdivision sites to investigate subsurface wastewater or toxic chemical contamination discharge or spills.
- Conducted 271 automotive repair and dry cleaning facility inspections. Collected 198 soil, groundwater and indoor air samples to investigate the impact of floor drain contamination discharges using the USEPA Underground Injection Control (UIC) program.
- Investigated areas with significant groundwater contamination by organic chemicals and cooperated with the NYS Department of Health and the NYS Department of Environmental Conservation as well as the US Environmental Protection Agency to assess health risks and remediation needs.
- Performed 31 environmental lead investigations, plus four additional inspections in response to reports of elevated blood lead levels in children six years old or younger.



Sanitarian Gil Kruse tests the wall of a home in Uniondale for lead using an XRF, an instrument that uses low levels of radiation to detect lead concentrations.

DISEASE CONTROL

Voice: (516) 571-3471

Fax: (516) 571-1537

The Division of Disease Control protects the public from the spread of communicable diseases through the investigation of reported communicable diseases, surveillance for diseases and by taking appropriate actions to prevent potential outbreaks. Some of the actions taken to prevent outbreaks include: immune globulin prophylaxis for individuals exposed to hepatitis A, exclusion of young children with diarrheal diseases from day care and/or kindergarten programs and confirmation of appropriate treatment for individuals with tuberculosis (TB). Disease Control also maintains a 24-hour medical consultation services for notifiable diseases and physician consultation.

- Received 22,107 laboratory reports of 68 mandated communicable diseases, including 1,329 laboratory reports of possible Lyme disease.
- Verified the diagnosis of 6,401 reports of communicable diseases (excluding tuberculosis and sexually transmitted diseases), including 696 food-borne illnesses, 53 cases of Lyme disease, 214 cases of meningitis, 735 cases of chronic and acute hepatitis B and 4,364 cases of chronic and acute hepatitis C.



Dr. Daniel Kuhles with Epidemiologist Margaret Sherman recording supply of flu vaccine for immunization programs.

- Investigated and verified the diagnosis in 636 suspect tuberculosis cases. Provided case management for all 56 confirmed cases of TB until completion of the 6-18 month course of treatment.
- Provided daily Directly Observed Therapy (DOT) services for all persons receiving medications for TB. In 2004, 8,371 DOT observations were made.
- The number of TB cases decreased to the lowest ever reported in Nassau County (56 cases), a rate of 4.2 cases per 100,000 people. In the past decade, the rate decreased 47% from 1994 when there were 115 cases or a rate of 8.9 cases per 100,000 people.
- Identified and tested 316 persons in contact with infectious TB individuals in 2003.
- Received reports of the results of blood lead tests on 28,500 children and entered the data into the New York State mandated electronic management program LEADTRAC.
- Made 96 home education visits for children with elevated lead levels
- Provided case management services to 211 children with blood lead levels ≥ 10 ug/dl (micrograms of lead per deciliter of blood) which represented 0.7% of all children tested. Of these, 37 children (0.01%) had lead levels ≥ 20 ug/dl.

- Tobacco Prevention: Staff presented 266 tobacco prevention programs to 4,468 fifth through twelfth graders in more than 50 schools in 21 school districts.
- The “Quitting for Your Family” Program: This new grant funded program promotes best practices as well as raises community awareness to assist pregnant women, new mothers, and their partners to quit smoking.
- B.E.A.T. (Be Empowered Against Tobacco): Four separate tobacco cessation programs were conducted, each one consisting of seven hour-long weekly sessions providing behavior modification, coping skills and a 24/7 support helpline.

HIV AND STD CONTROL

Voice: (516) 571-2019

Fax: (516) 571-1691

Activities focus on risk reduction, education, and early identification of those infected with HIV, gonorrhea, syphilis and chlamydia. These activities are done in partnership with health care providers, community-based organizations, members of the faith community and schools as well as other county agencies. The division also serves as a repository for HIV/AIDS and STD statistics and assists newly infected individuals in notifying their sexual and needle-sharing contacts through its PartNer Assistance Program (PNAP).

- As of December 31, 2003, there were 2,964 people living with AIDS and an estimated additional 1,294 with HIV in the EMA. (Note: HIV became a reportable disease in New York State in June, 2000.)
- Nassau County has served as the applicant, grantee and initial recipient of the Ryan White Title 1 Grant Award for the Nassau-Suffolk EMA since 1993. These awards have increased from an initial \$2,012,809 to \$5,805,121 for fiscal 2005. A total of 100,013 units of service were provided to clients in both counties.
- In 2004, 466 people received HIV counseling and testing through the Health Department. Of these, nine were found to be infected and were referred for care and services
- In 2004, 460 individuals in community-based agencies and other venues received HIV/PNAP education or assistance.
- 2,127 individuals in community-based agencies and other venues, including the Nassau County Correctional Center received STD education.

COMMUNITY & MATERNAL CHILD HEALTH SERVICES

Voice: (516) 571-2254

Fax: (516) 571-1665

The Division of Community & Maternal Child Health Services provides administrative support to community-based programs and facilitates coordination and integration of services to children and families. The division includes:

- **Community Health Worker Program**
- **Early Intervention Program**
- **Physically Handicapped Children's Program**
- **Office of Emergency Medical Services and Bioterrorism Preparedness**
- **Perinatal Services Network**
- **Women, Infants & Children Program (WIC) Program**

Women, Infants & Children Program (WIC) Program

WIC is a nutrition education program that provides supplemental food to pregnant, breastfeeding, and postpartum women and infants and children up to age five. In 2004, WIC served over 12,000 participants each month. WIC operates permanent clinic sites in Hempstead, Freeport, New Cassel, Elmont, and Nassau University Medical Center. WIC services were provided in the communities of Long Beach and Glen Cove a few days a month in host sites. Plans are in place to convert the satellite in Glen Cove to a full service permanent site; participants from the Long Beach site will receive services at one of the other locations.



One of our young WIC participants passes time while mom handles the business of WIC.

The Community Health Worker (CHW) Program

In the 2004 grant year, the Community Health Worker Program provided outreach and case management services to 165 families; 91.5% were indigent and underserved pregnant women. One hundred and fifty eight (158) infants were screened for developmental delays; five babies were referred to the Early Intervention Program. The CHWP continues to reach high-risk and low-income pregnant women in the Village of Hempstead. Collaboration efforts continue with other Maternal Child Health Programs and providers across Nassau.



Najahia McClam with her big sister, Deanna, during a visit from their Community Health Worker.

Perinatal Services Network

In 2004, the Perinatal Services Network (PSN) served more than 600 pregnant and parenting women. Its mission is to improve birth outcomes and to focus on education, assessment and advocacy. The network links consumers and health and human services providers to valuable information and resources and continues to strengthen and develop collaborative partnerships within the county, all the major hospitals and community based organizations. Through the work of the PSN Advisory Board and committees, the network plans and implements initiatives to promote systems changes to effectively address the needs of pregnant and parenting women and their families.

PUBLIC HEALTH LABORATORIES

Voice: (516) 572-1202

Fax: (516) 572-1206

The Division of Public Health Laboratories provides essential analytic and diagnostic laboratory services to assess the status of community health in Nassau County. It maintains the necessary technical expertise and instrumentation to evaluate disease outbreaks, monitor disease control programs, and test for the presence of bacterial and chemical contaminants in the environment. It serves as a center for developing health assessment methodologies, rapid response capabilities to new etiological agents, investigative protocols for disease outbreaks, technological support for prevention and control strategies and rapid response capabilities during environmental emergencies.

Six specialized clinical and environmental laboratory units provide:

- Serodiagnostic screening and confirmatory testing for communicable diseases
- Immune status evaluation for communicable diseases
- Comprehensive cultural and microscopic capabilities for identifying the pathogenic agents of communicable diseases
- Capabilities for tracking foodborne illnesses
- Identification of disease carrying insects
- Capabilities for the identification of bacterial and chemical agents in water, air, soil, dust, and consumer products
- Environmental screening for critical agents of bioterrorism (Anthrax)
- Spectrometric "fingerprinting" of unknown chemical agents can be performed to address chemical spills or other environmental emergencies involving toxic and hazardous materials

WEST NILE VIRUS INITIATIVE:

In 2004, 1,079 mosquito traps were received at the lab, resulting in the speciation of 31,235 mosquitoes. A total of 696 mosquito pools were sent to the New York State Department of Health for virus testing, 15 (2.2%) tested positive for the West Nile Virus. All of the 15 positive pools were *Culex pipiens/restuans*. The frequency of positive pools was slightly lower in 2004 as compared to 2003 (2.2% in 2004 and 4.9% in 2003).

HIV TESTING:

A total of 4,819 HIV tests were performed in 2004 as opposed to 6,312 tests in 2003. This significant drop in testing requests is attributed to the increased use of rapid "in-office type" HIV1 antibody assay methods such as "OraQuick" by several state and local health centers. The laboratory maintains the capability to test either blood or oral fluid specimens by an assortment of HIV1 screening and confirmatory assays. Additionally, it can perform HIV1 antigen testing, which offers the physician an additional diagnostic tool.

SEXUALLY TRANSMITTED DISEASES:

The STD laboratory maintained its screening program using DNA Probe technology which allows for the simultaneous determination of both N. gonorrhea and Chlamydia on a single urine specimen. A 5.2% decrease was observed in the number of specimens received for these two tests compared to 2003. The major source of specimens continues to be the surveillance program at the Nassau County Correctional Center which screens and treats infected inmates before they are released back into the community. The overall percent positive rate for these two sexually transmitted diseases in 2004 was 4.04% for Chlamydia and 0.47% for N. gonorrhea.

FOODBORNE ILLNESSES:

The Public Health Laboratory is the only Nassau County facility that addresses the threat of foodborne illnesses such as Hepatitis A, Salmonella, Shigella and Campylobacter. Since these illnesses are highly communicable, outbreaks caused by infected food handlers must be evaluated and corrective action implemented as quickly as possible. The laboratory maintains a capability to respond to foodborne outbreaks on a 24 hour per day, 7 days per week basis.

COOPERATIVE PARTNERSHIP WITH THE PUBLIC WORKS LABORATORY:

The laboratories of the Nassau County Departments of Health and Public Works continue to maintain a partnership supporting each other's programs with laboratory resources from both departments. This has helped eliminate the need for seeking expensive laboratory services from private laboratories.

OZONE MONITORING:

Using EPA's eight hour rolling average standard, the ozone concentration in ambient air tested at the Health Department's Hempstead continuous air monitoring station exceeded the established air quality standard one time during 2004 as compared to four times in 2003.

In 2004, the Health Department Laboratories earned official recognition as a certified New York State Laboratory capable of performing "Critical Agents" testing services. At present *Bacillus anthracis* (Anthrax) is the only agent specifically identified in this testing category, but testing services could easily be expanded. To earn this certification, the department was required to set-up a testing area that fulfilled the safety protocols of "Biosafety Level 2" containment established by the CDC. This capability is available to assist emergency response teams in both Nassau and Suffolk Counties in their bioterrorism preparedness efforts.

BEACH MONITORING FOR WATER QUALITY STANDARDS:

The evaluation of Enterococcus as a bacterial indicator of water quality continued through the 2004 beach season. Parallel testing to evaluate the interpretive significance of this bacterial indicator when compared with the total coliform and fecal coliform continued. Beach closures were based on the collective evaluation of all three bacterial measurements



NASSAU COUNTY DEPARTMENT OF HEALTH

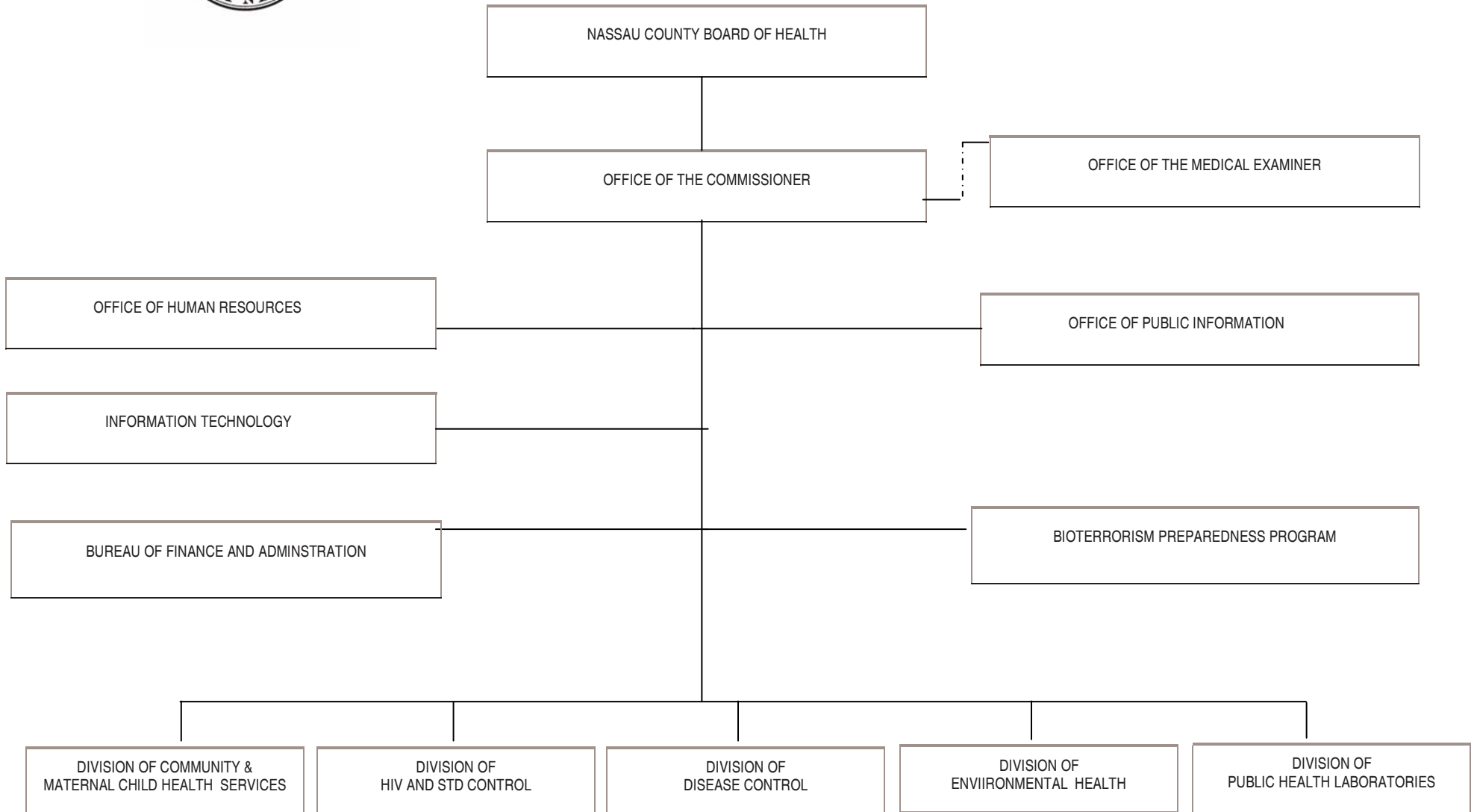
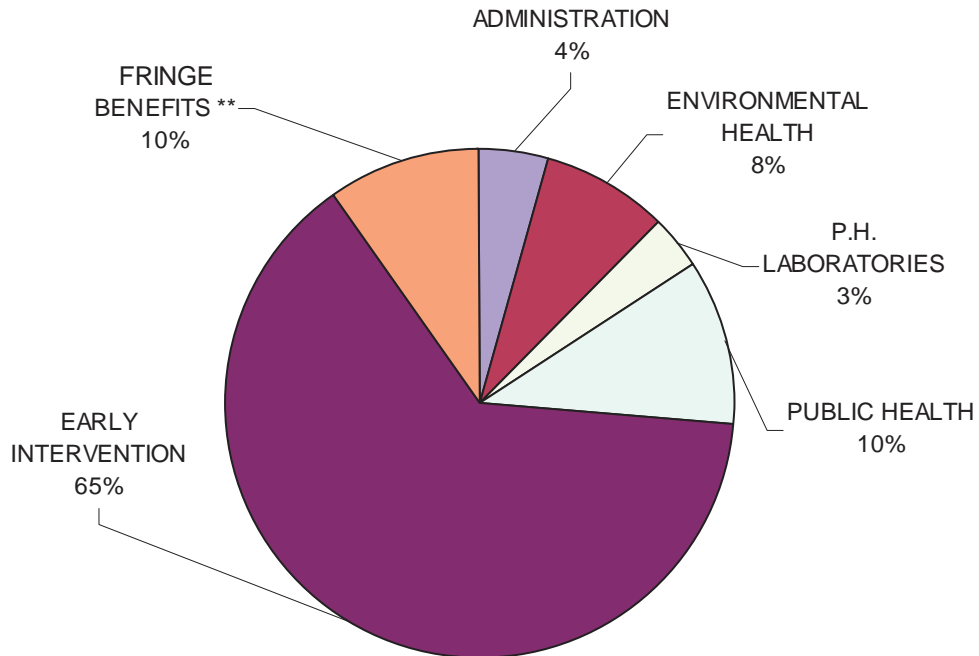


CHART 1
NASSAU COUNTY
DEPARTMENT OF HEALTH
JULY -2004

NASSAU COUNTY DEPARTMENT OF HEALTH **FY2004 REVENUES** **BY TYPE**



HE10 - ADMINISTRATION	\$3,319,077
HE20 - ENVIRONMENTAL HEALTH	6,113,760
HE30 - P.H. LABORATORIES	2,471,380
HE40 - PUBLIC HEALTH	7,848,983
HE51 - EARLY INTERVENTION	48,065,178
FB10 - FRINGE BENEFITS **	7,246,747
TOTAL	<u><u>\$75,065,125</u></u>

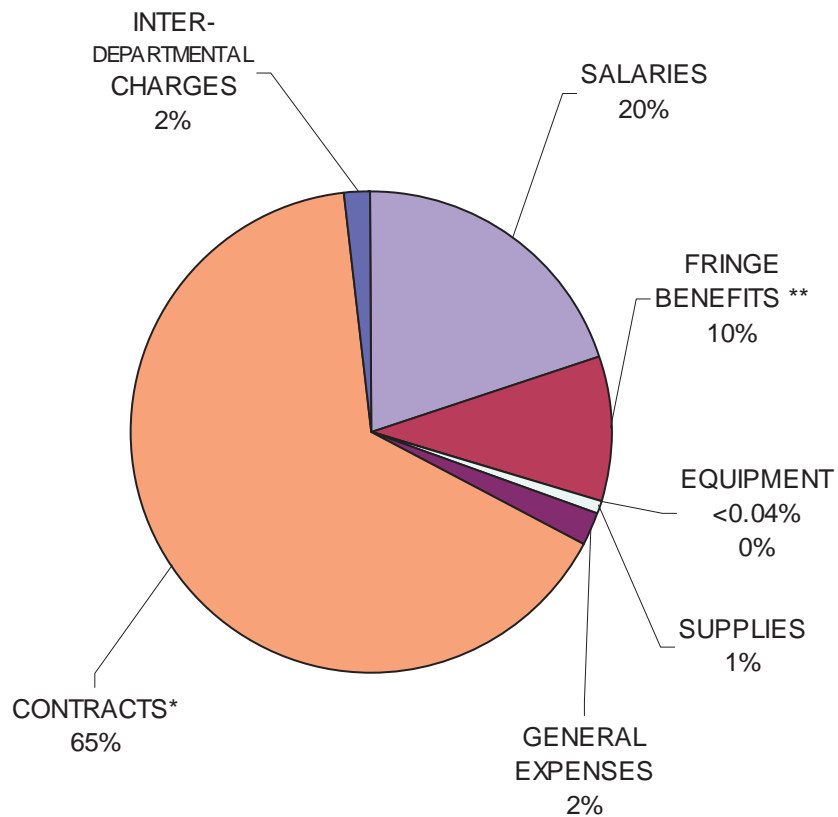
**** As of FY2003, fringe benefits are budgeted centrally for the County.**

The amount above represents the fringe benefit costs allocated to the Health Department.

Note: Nassau County Department of Health also received \$7.8 million in grant funds, in addition to the \$5.8 million Ryan White grant monies managed for Nassau and Suffolk Counties.

3/22/2005

NASSAU COUNTY DEPARTMENT OF HEALTH **FY2004 EXPENDITURES** **BY TYPE**



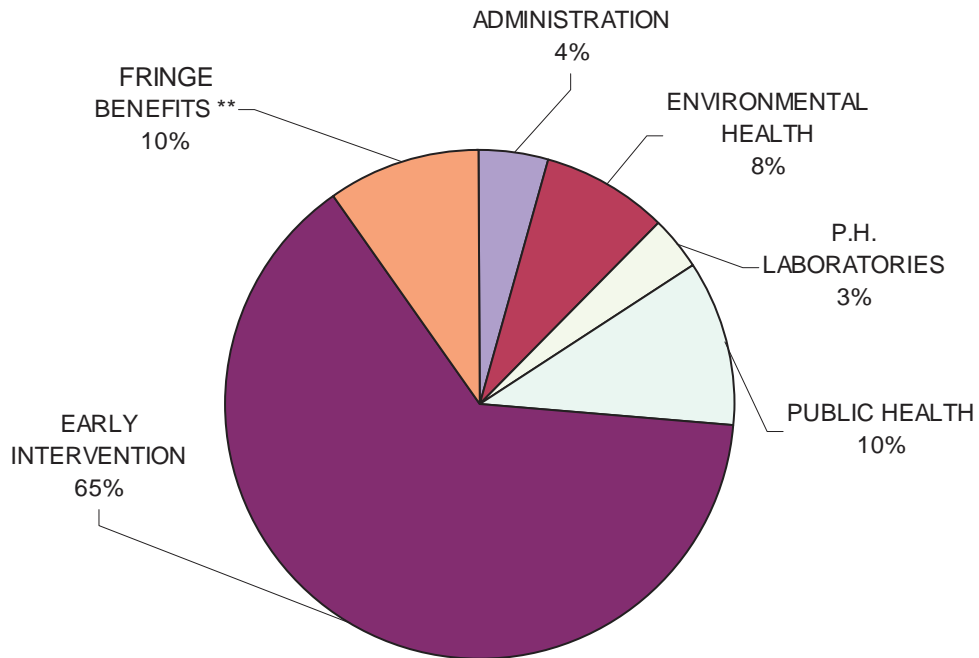
SALARIES	\$15,042,447
FRINGE BENEFITS **	7,246,747
EQUIPMENT <0.04%	27,183
SUPPLIES	602,485
GENERAL EXPENSES	1,647,789
CONTRACTS*	49,219,026
INTER-DEPARTMENTAL CHARGES	1,279,448
TOTAL	<u>\$75,065,125</u>

Contracts includes payments to Early Intervention (EI) providers and \$5.0 million payment to NUMC for provision of essential public health services.

As of FY2003, fringe benefits are budgeted centrally for the County.
The amount above represents the fringe benefit costs allocated to the Health Department.

3/22/2005

NASSAU COUNTY DEPARTMENT OF HEALTH **FY2004 EXPENDITURES** **BY CONTROL CENTER**



HE10 - ADMINISTRATION	\$3,319,077
HE20 - ENVIRONMENTAL HEALTH	6,113,760
HE30 - P.H. LABORATORIES	2,471,380
HE40 - PUBLIC HEALTH	7,848,983
HE51 - EARLY INTERVENTION	48,065,178
FB10 - FRINGE BENEFITS **	7,246,747
TOTAL	<u><u>\$75,065,125</u></u>

**** As of FY2003, fringe benefits are budgeted centrally for the County.**
The amount above represents the fringe benefit costs allocated to the Health Department.

Note: Nassau County Department of Health also received \$7.8 million in grant funds, in addition to the \$5.8 million Ryan White grant monies managed for Nassau and Suffolk Counties.

3/22/2005

NASSAU COUNTY REPORTABLE CASES OF NOTIFIABLE DISEASES

1995 – 2004 ANNUAL TABLE

REPORTABLE CASES OF NOTIFIABLE DISEASES

DISEASE	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Amebiasis	21	20	25	31	29	20	32	13	18	14
Babesiosis	2	4	5	2	3	3	2	1	3	3
Botulism	0	0	1	0	0	0	1	0	0	0
Brucellosis	0	1	0	1	0	0	0	0	1	0
Campylobacteriosis	253	198	189	196	195	190	167	171	198	193
Chlamydia	--	--	--	--	--	349	1229	1335	1662	1859
Cholera	1	0	0	0	0	1	0	0	0	0
Cryptosporidiosis	16	9	16	14	23	20	6	11	2	4
Cyclospora	--	14	28	4	1	3	1	0	0	2
E. Coli 0157:H7 Inf.	7	12	2	11	7	18	18	11	5	16
E. Coli NON 0157	--	--	--	--	--	--	--	--	6	1
Ehrlichiosis	--	--	--	--	--	3	0	0	0	0
Encephalitis	6	8	7	6	12	21	14	32	16	20
Foodborne Illness	0	0	4	7	1	6	10	1	0	0
Giardiasis	195	222	201	176	187	183	145	150	122	141
Gonococcal Inf.	627	338	263	369	383	423	470	496	442	400
Haemophilus Infl. (Inv.)	7	0	8	8	8	12	6	12	28	14
Haemophilus Infl.B. (Inv.)	--	--	--	--	--	0	2	0	1	1
Hemolytic Uremic Synd.	--	1	0	0	0	4	0	0	0	1
Hepatitis A	39	53	61	60	29	49	59	45	30	26
Hepatitis B	22	21	29	20	11	23	17	20	20	12
Hepatitis C (Non A/Non B)	5	0	2	2	1	1	3	4	1	3
Hepatitis – unknown	0	0	1	0	2	1	0	0	0	0
Hepatitis B Carrier Preg.	67	42	77	55	38	48	77	62	48	41
Hepatitis B, Chronic	--	--	--	--	--	--	--	--	--	682
Hepatitis C, Chronic	--	--	--	--	--	--	--	--	--	4364
Hospital Assoc. Infection	--	--	--	--	--	1	0	0	0	0
Influenza-Lab. Confirmed	--	--	--	--	--	--	--	--	--	6
Influenza-Severe<18 y.o.	--	--	--	--	--	--	--	--	--	0
Influenza/Pneumonia in HCW	--	--	--	--	--	--	--	--	--	0
Legionellosis	5	5	4	5	3	9	5	7	9	13
Listeriosis	6	6	14	6	15	15	3	9	6	9
Lyme Disease	166	164	122	110	105	88	48	79	73	53
Malaria	16	24	10	17	10	19	19	10	11	17
Measles	0	5	2	0	2	0	2	0	1	0
Meningitis, Aseptic	82	86	69	100	24	93	172	178	150	190
Meningitis, Pneumo.	10	15	6	7	0	2	1	0	0	0
Meningitis, Other Bact.	27	23	16	21	25	8	15	15	16	12
Meningitis, Unspec.	21	22	22	25	19	11	9	2	0	5
Meningococcal Infection	9	8	10	7	6	10	7	3	9	7
Mumps	2	2	2	0	1	3	2	1	0	0

Pertussis	9	13	11	4	7	12	4	7	69	51
Psittacosis	0	0	0	0	0	0	0	0	0	0
Rocky Mtn. Spotted Fever	2	1	2	1	1	1	0	0	0	1
Rubella	0	1	2	5	17	0	0	1	0	0
Salmonellosis	298	285	290	214	209	192	193	226	168	243
SARS: Probable	--	--	--	--	--	--	--	--	1	0
Suspect	--	--	--	--	--	--	--	--	4	0
Shigellosis	107	72	67	95	77	222	279	63	78	36
Staph aureus, vanco resistant	--	--	--	--	--	--	--	--	--	1
Strep Group A, Invasive	3	25	29	27	29	30	43	28	41	26
Strep Group B, Invasive	--	--	2	14	32	38	43	57	84	65
Strep Pneumoniae Inv.	--	18	19	34	68	94	134	137	114	117
Syphilis: Early	32	21	17	9	11	4	7	14	15	33
Syphilis: Late	199	175	197	141	109	73	58	52	94	116
Syphilis: Congenital	10	2	3	3	3	2	2	1	4	0
Toxic Shock Syndrome	1	1	1	1	0	1	0	0	1	0
Tuberculosis	95	82	84	90	74	70	94	65	56	57
Typhoid Fever	2	4	7	6	3	4	4	4	3	2
Vibrio Parahaemolyticus	--	--	--	--	--	--	--	--	5	6
West Nile Virus	--	--	--	--	6	0	4	11	17	0
Yersiniosis	13	7	14	8	8	8	10	4	5	3
Total	2383	2010	1941	1912	1794	2388	3417	3338	3637	8866

-- Records not kept in the indicated year

EARLY INTERVENTION PROGRAM
2004

Referrals

Referred By:	Current Month	Year to date # %	
Birth Certificate	0	0	0
Community Program	56	876	21.91
Developmental Disabilities Service Organization	0	0	0
Early Childhood Direction Center	5	120	3.00
Infant-Child Health Assessment Program	15	185	4.63
Foster Care Agency	0	6	.15
Hospital	11	181	4.53
New Born Screen	0	0	0
Prenatal Care Assistance Program	0	0	0
Physically Handicapped Children's Program	0	0	0
Primary Health Care Provider	2	81	2.03
WIC	0	0	0
Parent/Family*	155	2,608	65.21
Other County Department of Health	0	4	.10
Visiting Nurse/Home Health Care Agency	0	0	0
Other	0	0	0
Unknown	0	0	0
Total Children Referred	244	3,999	100 %
*Parent Referral Breakdown: 12/03	Current Month	Year to date # %**	
Pediatrician	80	1,374	34.36
Friend/Neighbor	25	341	8.53
EI Program In Another County	6	50	1.25
EI Program Previously Ineligible	26	437	10.93
Elder Sibling In EI	7	216	5.40
Program/Therapist	1	33	.83
CPSE	2	37	.93
Child Care Providers/Community Agencies	8	114	2.85
Media	0	4	.10
Total Parent Referrals	155	2,608	65.21

**Percent of Total Referrals

EARLY INTERVENTION PROGRAM

2004 Cases Closed

Reason for Closure*	Current Month	Year to Date # %	
Delay/Condition resolved	74	591	15.01
Family Refused	30	438	11.12
Can't locate family	0	35	.90
Transferred to 3-5 System	133	999	25.34
Evaluation found not eligible	129	1,304	33.07
Family move-out of county	6	62	1.60
Family move-out of state	4	63	1.61
Child died	0	4	.10
Transferred to I-CHAP	2	26	.71
Parents Refused - Contact in 2 mos	0	34	.90
Ageout, Not 3-5 refer to other prog	3	17	.43
Ageout, Not 3-5, no referrals	11	47	1.20
Ageout, Elig for 3-5 unknown	138	322	8.21
Duplicate record for this child	0	1	.03
Other	0	0	0
Total Cases Closed*	530	3,943	100 %

*May have been referred in previous months

Individualized Family Service Plans

Interim IFSPs developed	3
New IFSPs developed	178
Periodic IFSP reviews conducted	261

Caseload

Number of children in process of development of IFSP	464
Number of children receiving IFSP services	2,603
Total Caseload	3,067
Average Caseload per Service Coordinator	80

DEPARTMENTAL PROGRAMS TELEPHONE NUMBERS

GENERAL INFORMATION 571-3410

AFTER HOURS EMERGENCIES..... 742-6154

AIDS-HIV HOTLINE (Counseling Testing) 565-4628
AIR QUALITY 571-3232
ANIMAL BITES..... 571-2290
BIOTERRORISM PREPAREDNESS PROGRAM 571-3231
CANCER EPIDEMIOLOGY 571-1515
CHEMICAL STORAGE..... 571-3314
CHILD HEALTH PROGRAMS..... 571-3749
CHILDREN'S SUMMER DAY CAMPS 571-3680
COMMISSIONER'S OFFICE 571-2260
COMMUNICABLE DISEASE CONTROL 571-3471
COMMUNITY HEALTH ASSESSMENT 571-3344
COMMUNITY HEALTH WORKER PROGRAM..... 572-0934
COMPLAINTS-GENERAL NUISANCES..... 571-3678
DIVISION OF DISEASE CONTROL 571-3471
DOG BITES 571-2290
DRINKING WATER 571-3323
EARLY INTERVENTION CHILD FIND (Formerly ICHAP) 571-2452
EARLY INTERVENTION PROGRAM..... 571-3749
EMERGENCY MEDICAL SERVICES..... 571-2672
ENVIRONMENTAL ENGINEERING 571-2404
ENVIRONMENTAL HEALTH DIRECTOR..... 571-3691
FOOD COMPLAINTS & GENERAL INFO..... 571-3680
HAZARDOUS TANK REGISTRATION ABANDONMENT 571-3314
HEALTH EDUCATION 571-3345
HEAT AND HOUSING COMPLAINTS 571-3679
HIV BUREAU..... 571-2019
HIV PARTNER NOTIFICATION PROGRAM..... 571-0215
HOUSING COMPLAINTS..... 571-3678
HUMAN RESOURCES..... 571-4250
IMMUNIZATION ACTION PROGRAM 571-1680
INDUSTRIAL WASTE..... 571-3314
INFORMATION AND REFERRAL SERVICE 571-3410
INJURY PREVENTION PROGRAM 571-3737
LABORATORY- 209 MAIN ST HEMPSTEAD..... 572-1202
LEAD POISONING PREVENTION PROGRAM 571-2310
LIFEGUARD CERTIFICATION..... 571-2591
LYME DISEASE INFORMATION 571-2006

MEDICAL EXAMINER	572-5150
MEDIA LIAISON	571-3417
MOSQUITO CONTROL PROGRAM	571-8707
PERINATAL NETWORK	572-0954
PETROLEUM STORAGE	571-3314
PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM	571-3446
PUBLIC HEALTH NUISANCES	571-3678
PUBLIC WATER SUPPLY	571-3323
RABIES CONTROL	571-2290
RADIOLOGICAL HEALTH	571-3313
SEWAGE SPILLS	571-3323
SEXUALLY TRANSMITTED DISEASES- CONTROL PROGRAM	571-2423
SWIMMING POOLS AND BATHING BEACHES	571-3680
TEMPORARY RESIDENCES	571-3680
TOBACCO CESSATION PROGRAM	571-2022
TOBACCO USE	571-3232
TUBERCULOSIS CONTROL	571-2309
WIC PROGRAM MINEOLA	571-3449
ELMONT	571-8228
FREEPORT	571-8606
HEMPSTEAD	572-0920
NUMC	572-5809
WESTBURY	571-9535

2004 Board of Health

Bruce A. Lister, Chairman
Norma J. Henriksen, Vice Chair
Lawrence Ravich, M.D.
Samuel M. Gelfand, M.D.
Joan L. Caemmerer

David M. Ackman, M.D., M.P.H.
Commissioner of Health

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Fax: (516) 571-3369
E-mail: deptmail@health.co.nassau.ny.us



THOMAS R. SUOZZI, COUNTY EXECUTIVE

Nassau County Legislature

Kevan Abrahams District 1	Jeffrey W. Toback District 7	David Mejias District 14
Roger H. Corbin District 2	Vincent T. Muscarella District 8	Dennis Dunne, Sr. District 15
John J. Ciotti District 3	Richard J. Nicoletto District 9	Judith A. Jacobs District 16
Denise Ford District 4	Lisanne G. Altmann District 10	Edward Mangano District 17
Joseph Scannell District 5	Craig M. Johnson District 11	Diane Yatauro District 18
Francis X. Becker, Jr. District 6	Peter J. Schmitt District 12	David W. Denenberg District 19
	Norma Gonsalves District 13	